EPID 200 (Rev. Jan/01)

Kentucky Reportable Disease Form

Department for Public Health
Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS1E-C
Frankfort, KY 40621-0001

Disease Name_____

Mail Form to Local Health Department

DEMOGRAPHIC DATA

Patient's Last Name	First	M.I.	Date of Birth / /	Age	Gender ☐ M ☐ F ☐ Unk
Address	City	State	Zip		County of Residence
Phone Number	Patient ID Number	Ethnic Origin ☐ His. ☐ Non-His.	Race ☐ W ☐ B ☐ A/PI ☐ Am.Ind. ☐ Other		

DISEASE INFORMATION

Disease/Organism	Date of Onset / /	Date of Diagnosis / /
List Symptoms/Comments	Highest Temperature Days of Diarrhea	

Hospitalized? ☐ Yes ☐ No	Admission Date / /	Discharge Date / /	Died? ☐ Yes ☐ No ☐ Unk	Date of Death / /

Hospital Name: Is Patient Pregnant? ☐ Yes ☐ No If yes, # wks_____

School/Daycare Associated? ☐ Yes ☐ No
Name of School/Daycare:

Outbreak Associated? ☐ Yes ☐ No
Food Handler? ☐ Yes ☐ No

Person or Agency Completing form: Name: Agency:	Attending Physician: Name:
Address:	Address:
Phone: Date of Report: / /	Phone:

LABORATORY INFORMATION

Date	Name or Type of Test	Name of Laboratory	Specimen Source	Results

ADDITIONAL INFORMATION FOR SEXUALLY TRANSMITTED DISEASES ONLY

Method of case detection: ☐ Prenatal ☐ Community & Screening ☐ Delivery ☐ Instit. Screening ☐ Reactor ☐ Provider Report ☐ Volunteer

Disease: Stage
☐ Syphilis ☐ Primary (lesion) ☐ Secondary (symptoms) ☐ Early Latent ☐ Late Latent ☐ Congenital ☐ Other

Disease: Site: (Check all that apply) Resistance:
☐ Gonorrhea ☐ Genital, uncomplicated ☐ Ophthalmic ☐ Penicillin
☐ Chlamydia ☐ Pharyngeal ☐ PID/Acute Salpingitis ☐ Tetracycline
☐ Chancroid ☐ Anorectal ☐ Other _____
☐ Other_____

Date of spec. Collection	Laboratory Name	Type of Test	Results	Treatment Date	Medication	Dose

If syphilis, was previous treatment given for this infection? ☐ Yes ☐ No
If yes, give approximate date and place_____

Rabies Post-Exposure Prophylaxis Report Section on Back

RABIES POSTEXPOSURE PROPHYLAXIS SUPPLEMENTAL INFORMATION			
Animal Causing Exposure (dog, cat, bat, skunk, etc.) _____	Specify Type of Exposure ☐Bite ☐ Lick ☐Other_____		
Animal Available for 10 Day Observation? ☐Yes ☐No	Animal Killed? ☐Yes ☐No	Animal Tested? ☐Yes ☐No	Test Results ☐Pos. ☐Neg
Did animal exhibit signs of rabies? ☐Yes ☐No If yes explain_____	If not observed or tested, why not?		
Did animal die of natural causes? ☐Yes ☐ No	If yes, when: ____/____/___	If a domestic animal, was it owned? ☐ Yes ☐ No	Was it vaccinated for rabies? ☐ Yes ☐ No When ____/___/___
Human diploid cell vaccine (HDCV) started ____/____/____	Last HDCV _____/_____/_____	Total # of doses _____	
Was human rabies immune globulin (HRIG) administered? ☐Yes ☐No	If yes, when? ____/___/___	How much? _____ml	
Payment Source: ☐ Private Insurance ☐ Medicaid ☐ Workers Comp. ☐ Out-of-Pocket ☐ No Payment			

Note: <u>Animal bites shall be reported to local health departments within twelve (12) hours in accordance with KRS 258.065</u>

902 KAR 2:020 requires health professionals to report the following diseases to the local health departments serving the jurisdiction in which the patient resides or to the Department for Public Health in Frankfort. (Copies of 902 KAR 2:020 available upon request)

<u>Department for Public Health in Frankfort telephone 502-564-3418 or 1-888-9REPORT (973-7678); fax 502-564-0542</u>

REPORT WITH 24 HOURS

Anthrax
Botulism
Brucellosis
Campylobacteriosis
Cholera
Cryptosporidiosis
Diphtheria
***E. coli* O157:H7**
***E. coli* shiga toxin positive**
Encephalitis, California group
Encephalitis, Eastern Equine
Encephalitis, St. Louis
Encephalitis, Venezuelan Equine
Encephalitis, Western Equine
Encephalitis, West Nile
***Haemophilus influenzae* invasive disease**
Hansen's disease
Hantavirus infection
Hepatitis A
Listeriosis
Measles
Meningococcal infections
Pertussis
Plague
Poliomyelitis
Psittacosis
Q Fever
Rabies, animal
Rabies, human
Rubella
Rubella syndrome, congenital
Salmonellosis
Shigellosis
Syphilis, primary, secondary, early latent or congenital
Tetanus
Tularemia
Typhoid Fever
Vibrio parahaemolyticus
Vibrio vulnificus
Yellow Fever

REPORT WITHIN ONE (1) BUSINESS DAY

Foodborne outbreak
Hepatitis B infection in a pregnant woman or child born in or after 1992
Hepatitis B, acute
Mumps
Streptococcal disease invasive, Group A
Toxic Shock Syndrome
Tuberculosis
Waterborne outbreak

REPORT WITHIN FIVE (5) BUSINESS DAYS

AIDS
Chancroid
***Chlamydia trachomatis* infection**
Ehrlichiosis
Gonorrhea
Granuloma inguinale
Hepatitis C, acute
Histoplasmosis
HIV infection
Lead poisoning
Legionellosis
Lyme disease
Lymphogranuloma venereum
Malaria
Rabies, post exposure prophylaxis
Rocky Mountain spotted fever
***Streptococcus pneumoniae,* drug-resistant invasive disease**
Syphilis, other than primary, secondary, early latent or congenital
Toxoplasmosis

Influenza virus isolates to be reported weekly by laboratories.

All cases of HIV infections/AIDS are reportable for a separate surveillance system in accordance with KRS 211.180(1)b. To obtain report forms contact the HIV/AIDS Branch at (502)-564-6539. DO NOT REPORT ON THIS FORM.

EDUCATION PAYS